MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35477

1. PLACE OF DEATH
110
County Washington Registration District No. 887 File No.
Township Union Primary Registration District No. 6182 Registered No.
City _____ (No. _____ , St. _____ Ward)

2. FULL NAME Oliver William Eckhoff

(a) Residence, No. _____ St., _____ Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred __ yrs. __ mos. __ ds. How long in U. S., if of foreign birth? __ yrs. __ mos. __ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. **4. COLOR OR RACE** W. **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2-1925

7. AGE YEARS __ MONTHS __ DAYS __ If LESS than 1 day, ...1 hrs. or ......min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wash Co. Mo.

FATHER
13. NAME Jos. Eckhoff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wash Co. Mo

MOTHER
15. MAIDEN NAME Patty Jolly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wash Co. Mo.

17. INFORMANT (ADDRESS) Jos. Eckhoff Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE De Soto, Mo. DATE 10-31-1933

19. UNDERTAKER (ADDRESS) Berry Light Und. Co. De Soto, Mo.

20. FILED Nov 10 33 G. F. Cresswell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-30, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-27, 1933, to 10-30, 1933
I last saw him alive on 10-30, 1933 Death is said to have occurred on the date stated above, at 12:25 P. m.

The principal cause of death and related causes of importance were as follows:

Diphtheria Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Jos. L. Thurman M.D.
(Address) Potosi, Mo.